## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobbyist	(s) Diana Re	imer		
II. Name of lobbyist	's partnership,	firm or corporation, if	any:	
(Na	une of partnership	, firm or corporation)		<del> </del>
1464 Morena B	lvd.	San Diego	CA	92110
Business Address: (S	Street)	(Town/City)	(State)	(Zip Code)
(540) 441-7227	( )		e-mail drei	mer@cosaction.com
(Telephone)		(Fa:	x)	· ·
		one – file separate repo ich are not attributable		ou may file a separate report for
reportable expense	itansactions wh	ich are not attitoutable	to any one enemy.	
X All reportable tra	nsactions occurr	ing in the months prior to	the reporting date relativ	re to the following client:
Convention of Sta	ates Action			. : -
	(Full Name of	Client as it appears on the L	obbyist Registration Form)	
<u>OR</u>				
All reportable trar unrelated to any parti		obbyist (including the lo	bbyist's family), or the lo	bbying firm listed below which are
				_
IV. Date of Report Reports cover: acti	April 25, 20	8	July 25, 2018 activity from 4/1/18 to 6	
reports cover, uch	October 31,		January 30, 201	
	activity from 7/1		activity from 10/1/18 to	
			e transactions made si the Secretary of State's Oj	fice, State House, Room 204,
VI. Check if additio	nal reports are	attached:		
☐ If you have recei	ved fees or made	e expenditures, you must	file Addendum A- Fees	and Expenses
☐ If you have paid Expense Reimbursem		r reimbursed expenses, y	ou must file Addendum	B- Report of Honorariums or
•		has made political contril	butions, you must file Ade	dendum C– Political Contribution:
Sworn Statement/All have read RSA 15, 1 and complete to the b	RSA 15-B, RSA	14-C and RSA 664 and I	hereby swear or affirm tha	at the foregoing information is true
<del>-</del>	C. Rois	<del>-</del>	1/24	12019 (Date)
DIANH (Print Name of lobby	REIME vist)	ER	e ·	RECEIVED

JAN 3 1 2019